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RANDALL B. BATEMAN IP I	AW GROUP			I h St: ad	ereby certify that th	is Fee(s	of Mailing or Transm ) Transmittal is being ficient postage for first ISSUE FEE address a	deposited with the United class mail in an envelope above, or being facsimile te indicated below.
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10/773,056	02/04/2004	•		David R. Sharp		3	198.DSHA.PT	5476
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DAVIS, CASSA	ANDRA HOPE		3611	040-800000				
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PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Application Number 10/773,056

Filing Date 02/04/2004

First Named Inventor David R. Sharp

Art Unit 3611

Examiner Name Cassandra Hope Davis

Total Number of Pages in This Submission 3

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE 02/04/2004

Filing Date 02/04/2004

Filing Date 02/04/2004

Cassandra Hope Davis

(to be used for all correspondence after initial filing)					Cassandra Hope Davis						
Total Number of Pages in This Submission 3			Attorney Docket Number 3198			1198.DSHA.PT					
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Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		F F C C C Remark	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Add Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD  Remarks			After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information					
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Applicant claims small e	[	Art Unit 3611							
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METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order Other (please identify):									
	Deposit Account Deposit Account Number: 502720 Deposit Account Name: Randall B. Bateman								
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FEE CALCULATION									
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Utility	300	150	500	250	200	10	0		
Design	200	100	100	50	130	) 6	5		
Plant	200	100	300	150	160	) 8	0		
Reissue	300	150	500	250	600	30	0		
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2. EXCESS CLAIM FEES	;					_		mall Entity	
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HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
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- 100 = / 50 = (round up to a whole number) x =									
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SUBMITTED BY		2/1/100	1 1	Registration No.			Telephone		
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Name (Print/Type) Randall B. E	3ateman	-, -					Date 8	1510 /-	

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